U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

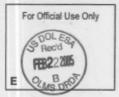
Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Month/Day/Year

(mm/dd/yyyy)

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



1. File Number C- 428

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

Month/Day/Year (mm/dd/yyyy)

other address where records necessary to verify this report are kept: Same Same
Box, Building and Room Number, if any et 3337 Golfers Dr.
that all of the information submitted in this report (including the ry and is, to the best of the undersigned's knowledge and belief, true, Treasurer (If other title, see instructions)
to to

Employer Dy Martin & 'tal 1 AAII	F.U. Box, Building and Room Number, if any
Trade Name BFI Allied Waste	2 1 12 12 C 10 + D1
Trade Name BTI HILLER WASTE	street 12310 San Matro Rd.
Attention To Jim Counderson	City Half Moon Bay
Title Coeneral Manager	State (a, ZIP Code + 4 94019 - 7112
5.b. Termination Date 9-20-04	5.c. Amount 6,124,00
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 6,124.99	
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	orting organization in connection with labor relations advice or services rendered
	Office and Administrative Expenses
1	10. Publicity
n la l	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions. 15.a. Employer Name:	le to report only disbursements made for the purposes described in Part D of the 15.b. Trade Name, If any:

15.c. To Whom Paid	15.d. Amount
Name n A	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	
Sole Proprietor, I h	ave to amployees.
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Form LM-21 (2003)